

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            | 1        |     |                     |     |                     |     |
| 2            |          | 1   |                     |     |                     |     |
| 3            |          | 1   |                     |     |                     |     |
| 4            |          | 1   |                     |     |                     |     |
| 5            |          | 3   |                     |     |                     |     |
| 6            |          | 3   |                     |     |                     |     |
| 7            |          | 3   |                     |     |                     |     |
| 8            |          | 3   |                     |     |                     |     |
| 9            |          | 1   |                     |     |                     |     |
| 10           |          | 1   |                     |     |                     |     |
| 11           |          | 1   |                     |     |                     |     |
| 12           |          | 3   |                     |     |                     |     |
| 13           |          | 3   |                     |     |                     |     |
| 14           |          | 3   |                     |     |                     |     |
| 15           |          | 3   |                     |     |                     |     |
| 16           |          | 3   |                     |     |                     |     |
| 17           |          | 3   |                     |     |                     |     |
| 18           |          | 3   |                     |     |                     |     |
| 19           |          | 3   |                     |     |                     |     |
| 20           |          | 3   |                     |     |                     |     |
| 21           | 1        |     |                     |     |                     |     |
| 22           |          | 1   |                     |     |                     |     |
| 23           |          | 1   |                     |     |                     |     |
| 24           |          | 1   |                     |     |                     |     |
| 25           |          | 1   |                     |     |                     |     |
| 26           |          | 1   |                     |     |                     |     |
| 27           |          | 1   |                     |     |                     |     |
| 28           |          | 1   |                     |     |                     |     |
| 29           |          | 1   |                     |     |                     |     |
| 30           |          | 1   |                     |     |                     |     |
| 31           |          | 1   |                     |     |                     |     |
| 32           |          | 1   |                     |     |                     |     |
| 33           |          | 1   |                     |     |                     |     |
| 34           |          | 1   |                     |     |                     |     |
| 35           |          | 1   |                     |     |                     |     |
| 36           |          | 1   |                     |     |                     |     |
| 37           |          | 1   |                     |     |                     |     |
| 38           |          | 1   |                     |     |                     |     |
| 39           |          | 4   |                     |     |                     |     |
| 40           |          | 2   |                     |     |                     |     |
| 41           |          | 2   |                     |     |                     |     |
| 42           |          | 2   |                     |     |                     |     |
| 43           |          | 2   |                     |     |                     |     |
| 44           |          | 1   |                     |     |                     |     |
| 45           |          |     |                     |     |                     |     |
| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
| 52           |  |  |  |  |  |  |
| 53           |  |  |  |  |  |  |
| 54           |  |  |  |  |  |  |
| 55           |  |  |  |  |  |  |
| 56           |  |  |  |  |  |  |
| 57           |  |  |  |  |  |  |
| 58           |  |  |  |  |  |  |
| 59           |  |  |  |  |  |  |
| 60           |  |  |  |  |  |  |
| 61           |  |  |  |  |  |  |
| 62           |  |  |  |  |  |  |
| 63           |  |  |  |  |  |  |
| 64           |  |  |  |  |  |  |
| 65           |  |  |  |  |  |  |
| 66           |  |  |  |  |  |  |
| 67           |  |  |  |  |  |  |
| 68           |  |  |  |  |  |  |
| 69           |  |  |  |  |  |  |
| 70           |  |  |  |  |  |  |
| 71           |  |  |  |  |  |  |
| 72           |  |  |  |  |  |  |
| 73           |  |  |  |  |  |  |
| 74           |  |  |  |  |  |  |
| 75           |  |  |  |  |  |  |
| 76           |  |  |  |  |  |  |
| 77           |  |  |  |  |  |  |
| 78           |  |  |  |  |  |  |
| 79           |  |  |  |  |  |  |
| 80           |  |  |  |  |  |  |
| 81           |  |  |  |  |  |  |
| 82           |  |  |  |  |  |  |
| 83           |  |  |  |  |  |  |
| 84           |  |  |  |  |  |  |
| 85           |  |  |  |  |  |  |
| 86           |  |  |  |  |  |  |
| 87           |  |  |  |  |  |  |
| 88           |  |  |  |  |  |  |
| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
| 92           |  |  |  |  |  |  |
| 93           |  |  |  |  |  |  |
| 94           |  |  |  |  |  |  |
| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |